



**Cobb County Business License Division**  
**191 Lawrence Street, Marietta, GA 30060-1692**  
**Phone (770) 528-8410 Fax (770) 528-8414**  
**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

**Application For Corporation or Limited Liability Company LLC**  
**Occupation Tax Certificate**

**A Certificate of Registration from the Secretary of State or Articles of Organization must accompany this application. To obtain information on becoming incorporated please call (404) 656-2817. This application must be submitted in person to the Business License Division. The application must be filled out completely to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type.**

This Business is: ☐ New to Cobb County  
☐ Ownership Change / Date ownership changed \_\_\_\_\_  
☐ I am filing a name/or address change for # \_\_\_\_\_

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

2. Name of Corporation/ LLC \_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial Fax # \_\_\_\_\_

6. Full Detailed Description of Business \_\_\_\_\_

7. Estimated Gross Receipts in GA from this location for the remaining calendar year. \$ \_\_\_\_\_

8. Date Business began in Cobb County \_\_\_\_\_ # of employees in Cobb \_\_\_\_\_

9. State Sales Tax ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_

10. President/ Managing Member \_\_\_\_\_ Cell # \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

11. Vice President/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

12. Secretary/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

13. Treasurer/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

14. Person completing application \_\_\_\_\_ Cell # \_\_\_\_\_ Title \_\_\_\_\_

15. Name of manager(s) of this location \_\_\_\_\_

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? \_\_\_\_\_ If yes, please list all dates and locations of the offenses and disposition of charges \_\_\_\_\_

17. Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? \_\_\_\_\_ If yes, Please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent. \_\_\_\_\_

### Home Office Information

If you have a Home/Corporation Office please indicate the individual responsible for the occupation tax.

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning

Restrictions stated above: \_\_\_\_\_  
(initials)

Signature: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of applicant \_\_\_\_\_  
( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEPARTMENT AND INSPECTIONS DIVISION.**

### OFFICE USE ONLY:

Occ. Tax Cert. # \_\_\_\_\_ SIC # \_\_\_\_\_ Category \_\_\_\_\_ BL STAFF \_\_\_\_\_

Tax or Fee \_\_\_\_\_ Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Method of payment: CASH / CHECK #  
(circle one)

Zoning Division \_\_\_\_\_ Approved/Denied

REVISED 7/08



***Affidavit Verifying Status  
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for \_\_\_\_\_ **[INSERT BUSINESS NAME]**:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
Alien Registration number for non-citizens